
	United States Environmental Protection Agency Washington, DC 20460	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 93197		2. EPA Product Manager Andrew Bryceland	
4. Company/Product (Name) CR206		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name And Address Of Applicant (Include ZIP Code) Cellresin Technologies, LLC 1789 Buerkle Circle St. Paul, MN 55110 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final Printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below. <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other – Explain Below.			
Explanation: Use additional page(s) if necessary. (For section I and Section II.) Submission on a new end use product application, PRIA Action Code B670, Pay.gov Tracking ID: 26P1T8A9 Agency Tracking ID: 76002806058 Please send all correspondence to the following: Megan P. Priest Technology Sciences Group Inc. 1150 18th Street, NW, Suite 1000 Washington, DC 20036			
Section III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) <u>Metalized PET</u>
3. Location of Net Contents Information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(S) Retail Container 2 kg, 5 kg, 10 kg, 20 kg	
5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithographed <input type="checkbox"/> Pager glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Megan P. Priest		Title Regulatory Consultant Telephone No. (Include Area Code) 202-828-8954	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Consultant	
4. Typed Name Megan P. Priest		5. Date June 30, 2020	